



Michigan State Housing Development Authority

2004 Combined Application and Addenda for Rental Housing Programs

PROJECT NAME:

Check the box of all programs you are applying for:

- ☐ Low Income Housing Tax Credit Program – Addendum I
Amount of Tax Credit Requested: _____
- ☐ HOME Team Advantage – Addendum IV
- ☐ Special Needs Rental – Addendum III
- ☐ Taxable Bond Direct Loan – Addendum IV
- ☐ TEAM Tax-Exempt Direct Loan (50 or more units) – Addendum IV
- ☐ Modified Pass-through Tax-exempt Loan – Addendum V
- ☐ Section 236 Preservation Program – Addendum VII
- ☐ Section 202 Preservation Program – Addendum VII

Have you applied for or do you intend to apply for any other MSHDA financing?

- ☐ Yes
- ☐ No

If Yes, which ones? _____

NOTE: There are now separate checklists for each of the following programs:

- **Addendum I - LIHTC Program**
- **Addendum III - Special Needs Rental**
- **Addendum IV - Multi-Family Direct Lending/HOME Team Advantage**
- **Addendum V - Modified Pass Through Program**
- **Addendum VII - Section 236 and Section 202 Preservation Programs**

Please use the checklist applicable to the program for which you are applying.

The items listed in each checklist **MUST** be submitted if applicable to the project and/or for points to be given to the project. To indicate each exhibit submitted, place a check mark in the box provided and return a copy of the applicable checklist with your application. Each submitted exhibit must be tabbed with the appropriate corresponding number from the checklist. **APPLICANTS APPLYING FOR MORE THAN ONE TYPE OF FINANCING MUST INCLUDE ALL APPLICABLE CHECKLISTS' EXHIBITS. DUPLICATION OF EXHIBITS IS NOT NECESSARY.**

SECTION I – PROJECT IDENTIFICATION

PART A. PRIMARY CONTACT PERSON:

Name _____ Title _____
Organization _____
Street Address _____
City _____ State _____ Zip _____
Telephone # with Area Code _____ Fax # with Area Code _____
E-Mail Address: _____

PART B. PROJECT LOCATION

Project Name _____
Street Address _____
City _____ Township _____ County _____ State _____ Zip _____
Will this project be located in the city/village limits? ☐ Yes ☐ No

PART C. TYPE OF CONSTRUCTION (Check applicable category)

- ☐ New construction
☐ Acquisition and rehabilitation

NOTE: If this project consists of both new construction and acquisition/rehab, copy pages 17-20, break out acquisition/rehab costs, and complete two sets of project costs, one for acquisition/rehab and one for new construction.

SECTION II - SITE INFORMATION

PART A. TYPE OF DEVELOPMENT (Check all applicable)

<input type="checkbox"/> Multi-family Residential Rental	<input type="checkbox"/> Single Family	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Congregate Care	<input type="checkbox"/> Other, Describe:

PART B. TYPE OF UNITS (Check all applicable)

<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Single Room Occupancy
<input type="checkbox"/> Townhome	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Detached Single Family
<input type="checkbox"/> Manufactured Home/Trailer Park		<input type="checkbox"/> Other, Describe:
Permanently Affixed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. **Lease/Purchase:** Will the tenant have the option of buying the townhome or detached single family unit? (Attach as Exhibit 7) ☐ Yes ☐ No

PART C. LOCATION CHARACTERISTICS OF PROJECT

1. Location Data: (Can be obtained from local city or township office)

Is the project located in a Qualified Census Tract? (See Tab J)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Census Tract #		County:	
State Senate District #	State House District #	Congressional District #	

* To search the internet for the census tract number, go to:

1. <http://www.ffiec.gov>
2. Geocoding/MappingSystem

2. Political Jurisdiction: City/Township of _____
 Name and Title of CEO of Jurisdiction _____
 Address _____
 City _____ State _____ Zip _____
3. Is the project to be located in an **eligible distressed area**? ☐ Yes ☐ No
 If Yes, list that area here: _____ (See Tab H)
4. Is the project to be located in an **Empowerment Zone** or **Enterprise Community**?
☐ Yes ☐ No If Yes, list that area here: _____ (See Tab L)
5. Will the project be located within the boundaries of a **Renaissance Zone**? (See Tab M)
☐ Yes ☐ No If Yes, list that area here: _____ (Attach as Exhibit 18)
6. Land Control Type:
☐ Titleholder
☐ Option to Purchase - Expiry Date: _____
☐ Land Contract Vendee
☐ Long-term Lease - Expiry Date: _____
☐ Other
 Describe: _____
7. **Community Revitalization Plan:** Is the project located in a qualified census tract for which a community revitalization plan is in place? ☐ Yes ☐ No
 Can it be demonstrated that the proposed development contributes to the revitalization plan? ☐ Yes ☐ No
 (See Exhibit 20)
8. Developments with more than one building:
☐ Buildings are/will be on same tract of land.
☐ Buildings are/will not be on same tract of land, but will be financed pursuant to common plan.

PART D. SPACE USAGE

Land Area:	Square Feet:	Acres:
# of Floors in Tallest Building:	<input type="checkbox"/> Elevator	<input type="checkbox"/> Non-Elevator
Number of Buildings which have Tax Credit Units:	Number of Buildings which do not have Tax Credit Units: (Community Building/Accessory Building)	

Complete the following:

	Number of Units	Square Footage
Commercial Space*		
Total Common Use Space **		
Employee-Occupied/Manager's Unit ***		
Total # of LIHTC Units		
Market Rate Units		
TOTAL:		

FOR HOME FUNDING:		
Of the Units listed above, how many are:	Number of Units	Square Footage
HOME:		
MSHDA:		
Assisted:		

* Commercial space includes: store space, restaurant, etc.

** Common use space includes: clubhouse, leasing office, hallways, lobby, community building etc., which are used by the tenants for no charge.
(list employee occupied units separately in the space provided.)

*** Must be a full time employee at this development.

PART E. TENANT INFORMATION

Complete the following:	# of Designated Units	% of Total Units
1. Family		
2. Elderly		
3. Special Needs (Designated type below)		
a)		
b)		
c)		
4. Owner Occupied		
5. Employee Occupied		
6. Undesignated		
Total:		100%

NOTE: Buildings of four or fewer units may not be occupied by the owner or a party in interest of the owner.

PART F. SUPPORT SERVICES (Informational only, but mandatory to complete.)

Will any of the following support services be provided?

Meals ☐ Yes

Medical Transportation ☐ Yes

On-site Day Care ☐ Yes

On-site Counselors such as:

Home Ownership and Repair ☐ Yes

Budget Counseling ☐ Yes

Resume Preparation ☐ Yes

Substance Abuse Counseling ☐ Yes

High School or College Completion ☐ Yes

Disability Service Advising ☐ Yes

Exercise or Aerobic Classes ☐ Yes

Swimming Classes ☐ Yes

On-site or Visiting Nurse ☐ Yes

Name of service provider: _____

Services will be: ☐ mandatory. (If mandatory, services must be included in rent.)
☐ optional.

Services will be provided: ☐ free or cost is included as part of rent.
☐ at a cost to the tenant, not included as part of rent.

SECTION III - OWNERSHIP / MANAGEMENT / DEVELOPMENT INFORMATION

PART A. SPONSOR INFORMATION (General Partner/Developer)

1. Legal Name of Sponsor _____ Taxpayer ID _____
 Street Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Telephone # with Area Code _____ Fax # with Area Code _____
 E-Mail Address: _____

PART B. OWNER INFORMATION (Limited Partnership)

1. Legal Name of Owner _____ Taxpayer ID _____
 Street Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Telephone # with Area Code _____ Fax # with Area Code _____
 E-Mail Address: _____

FOR TAX CREDIT PROJECTS: Informational letters and documents requiring signatures will be sent to the contact person listed under Owner Information. Please make sure the name and address are correct.

2. Type of Owner: (Check all that apply.)

<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Individual
<input type="checkbox"/> Corporation	<input type="checkbox"/> Local Unit of Government	<input type="checkbox"/> Limited Dividend Housing Association Limited Partnership:
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> CHDO:	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Other, Describe:		

3. Legal Status of Limited Partnership:

<input type="checkbox"/> Currently Exists.	Tax Year:	From:	To:
<input type="checkbox"/> To Be Formed.	Estimated Date:		
Accounting Method of Partnership:		<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual

4. Complete the following:

List Individuals/Organizations which Comprise the Ownership Entity	501(c)(3) or (4) or Wholly Owned Subsidiary	Soc. Sec. or Taxpayer ID	% of Ownership

Voluntary Information for Government Monitoring Purposes:

The following information is requested by the Michigan State Housing Development Authority for statistical purposes and relates to the majority/controlling interest in the general partner(s) of the proposed development. Furnishing this information is optional. If you do not wish to furnish the following information, please initial below.

APPLICANT: I do not wish to furnish this information. (initials) _____

RACE/NATIONAL ORIGIN:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black
<input type="checkbox"/> Am. Indian or Alaskan Native	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White

GENDER: ☐ Female ☐ Male

PART C. PARTICIPATION BY NONPROFIT ORGANIZATIONS

1. Will there be material participation in the project by a nonprofit organization?
☐ Yes.
☐ No.
2. Will there be participation in the project ownership by a nonprofit organization?
☐ Yes. Percent of Ownership _____% (To receive nonprofit points, there must be more than 50% Nonprofit, General Partner ownership)
☐ No.
3. Will the nonprofit form a subsidiary entity, which will be a general partner?
☐ Yes. Name _____
☐ No.
4. Nonprofit Organization:
Name _____
Taxpayer ID _____
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____
5. Describe:
 - a. The nonprofit's purpose/mission: _____

 - b. Describe the housing activities this nonprofit has been involved in and for how long:
Fill in Nonprofit Experience Form on Page 27 and Include it as Exhibit 13.
 - c. The number of employees and volunteers: _____
 - d. Name of the locality and boundaries of the locality served by the organization:

 - e. The number of years the nonprofit has been in existence: _____

6. Describe the material participation of the nonprofit in this project _____

7. Indicate the capacity in which the nonprofit organization will participate in the project.
 Check all that apply:

<input type="checkbox"/> Developer	<input type="checkbox"/> General Partner	<input type="checkbox"/> Management Company
<input type="checkbox"/> Sponsoring Organization	<input type="checkbox"/> Social Service Provider	
<input type="checkbox"/> Other, Describe: _____		

PART D. DEVELOPMENT TEAM

1. Management Entity:

Firm Name _____ Related Entity ☐ Yes ☐ No
 Taxpayer Identification Number _____
 Street Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Telephone # with Area Code _____ Fax # with Area Code _____

Voluntary Information for Government Monitoring Purposes:

The following information is requested by the Michigan State Housing Development Authority for statistical purposes and relates to the majority/controlling interest in the general partner(s) of the proposed development. Furnishing this information is optional. If you do not wish to furnish the following information, please initial below.

APPLICANT: I do not wish to furnish this information. (initials) _____

RACE/NATIONAL ORIGIN:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black
<input type="checkbox"/> Am. Indian or Alaskan Native	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White

GENDER: ☐ Female ☐ Male

2. Project Attorney:

Firm Name _____ Related Entity ☐ Yes ☐ No
 Street Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Telephone # with Area Code _____ Fax # with Area Code _____

3. Project Accountant:

Firm Name _____ Related Entity ☐ Yes ☐ No
 Street Address _____
 City _____ State _____ Zip _____
 Contact Person _____
 Telephone # with Area Code _____ Fax # with Area Code _____

4. Consultant:
Firm Name _____ Related Entity ☐ Yes ☐ No
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____
5. Builder/Contractor:
Firm Name _____ Related Entity ☐ Yes ☐ No
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____
6. Architect:
Firm Name _____ Related Entity ☐ Yes ☐ No
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____
7. Engineer:
Firm Name _____ Related Entity ☐ Yes ☐ No
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____
8. Other (Describe):
Firm Name _____ Related Entity ☐ Yes ☐ No
Street Address _____
City _____ State _____ Zip _____
Contact Person _____
Telephone # with Area Code _____ Fax # with Area Code _____

SECTION IV - UTILITY / RENT INFORMATION

PART A. UTILITY ALLOWANCES

The utilities have been calculated using:

<input type="checkbox"/> Attached Appendix (Tab V)	<input type="checkbox"/> Rural Housing Service	<input type="checkbox"/> Utility Company Estimates
<input type="checkbox"/> Local PHA	<input type="checkbox"/> Other: (please specify)	

Type (Gas, Oil, etc.)	Paid by	Allowance by bedroom size				
		0 bdr	1 bdr	2 bdr	3 bdr	4 bdr
Heating	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Cooking	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Lighting	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Hot Water	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Sewer	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Trash	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Air Con.	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	\$	\$	\$	\$	\$
Total Utility Allowance by Bedroom (include only tenant paid utilities)		\$	\$	\$	\$	\$

PART B. PROJECT INCOME

ANY CHANGES TO A LIHTC PROJECT THAT REQUIRE A RE-SCORING OR RE-EVALUATION OF THE APPLICATION WILL NOT BE ALLOWED FROM TIME OF INITIAL APPLICATION TO PLACED-IN-SERVICE.

1. Housing Units.

Total number of low-income housing units: _____ Employee Units: _____

On the chart below, list employee occupied unit(s) separately.

# Bed-rooms	# Units	# of Units Reserved for Special Needs Tenants	Per Unit Square Footage	Base Rent Per Unit (Not Including Utilities)	Amount of per unit Subsidy for Special Needs Units	Utility Allowance (Include only tenant paid utilities)	Gross Rent (Includes Utilities)	% of AMGI
TOTAL:								
Total Monthly Income for Low-Income Housing Units (Base Rent, Total for all units):					\$			
Total number of 2 bedroom or larger units that will be reserved for families with children:								

If applying for Tax Credit, the owner will sign a covenant running with the land agreeing to serve tenants at incomes below the minimum set-aside requirements and with rents based on 30% of applicable incomes as follows:

Low Income Tenant Targeting		
Number of Units	% of Total Units	Income Levels
		____% of Area Median
		____% of Area Median
		____% of Area Median
		____% of Area Median
		____% of Area Median
		Market-Rate Units
		Manager/Employee Units*
	100%	TOTAL

*Managers units are NOT to be included in percentage calculations.

NOTE: For projects applying under the Preservation Holdback:

- 10% of the LIHTC units in a development must have income and rents set at 40% of median income (inclusive of existing units) – a deep subsidy contract for a minimum of 5 years will satisfy this requirement.
- AND**
- 10% of the LIHTC units in a development must have income and rents set at 30% of median income (inclusive of existing units) – a deep subsidy contract for a minimum of 5 years will satisfy this requirement.

2. **Market Rate Units.** Total number of market rate units: _____

Number of Bedrooms	Number of Units	Per Unit Square Footage	Base Rent (not Including Utilities)	Utility Allowance	Gross Rent
Total Units:		Total Monthly Income for Market Rate Units:			\$

Total Monthly Income for Low-Income Housing Units (Base Rent, from previous page)	\$
Total Monthly Income for Market Rate Units	\$
Total Monthly Rental Income =	\$
Monthly Non-rental Income (Tenant Generated)	\$
Monthly Garage/Carport Income	\$
Monthly Miscellaneous Income (Non-tenant Generated)	\$
Monthly Income From Rental Subsidies (e.g. Section 8/RHS)	\$
Monthly Gross Potential Income (GPI) =	\$
	X 12
Total Annual Gross Potential Income	\$
Less Vacancy Allowance (_____ % x Annual GPI)	\$
Annual Effective Gross Income (EGI)	\$

3. Projected annual percentage increase in income: _____ %

4. Describe the projected monthly non-rental income sources and amounts:

5. Describe the sources and amounts of other/miscellaneous income:

6. Total number of parking spaces to be available to tenants: _____
7. Will the project have garages and/or carports? (If there is an additional cost to the tenant, the cost of the garages and/or carports cannot be included in eligible basis for Tax Credit purposes. See Page 17 of this application.)
☐ Yes. The garages/carports are: ☐ included as part of rent.
☐ an additional cost to tenant.
☐ No.
8. Will the project have a pool? (If there is an additional cost to the tenant, the cost of the pool cannot be included in eligible basis. See Page 17 of this application.)
☐ Yes. Use of the pool is: ☐ included as part of rent.
☐ an additional cost to tenant.
☐ No.
9. Will the project have laundry facilities? (If there is an additional cost to the tenant, the cost of the laundry facilities (washers and dryers) cannot be included in eligible basis. See Page 17 of this application.)
☐ Yes. The laundry facilities are: ☐ included as part of rent.
☐ an additional cost to tenant.
☐ No.
 Are the washers and dryers leased? ☐ Yes. ☐ No.
10. If this project is located in a Qualified Census Tract, does it have a community services facility designed to serve primarily individuals whose income is 60% or less of area median income? (See note at bottom of page 21 of this application) ☐ Yes. ☐ No.

PART C. RENTAL ASSISTANCE

1. Do or will any units receive rental assistance (other than Section 8 certificate and/or voucher holders)?
☐ Yes. Indicate type of rental assistance:
☐ Section 8 Moderate Rehabilitation
☐ Section 8 Project Based Assistance
☐ RHS Rental Assistance
☐ State Assistance
☐ Other: _____
 Number of units receiving assistance: _____
 Number of years in rental assistance contract: _____
 Expiration date of contract: _____
☐ No.
2. When will the rental subsidy contract expire? _____

SECTION V - PROJECT SCHEDULE

	Actual Date	Anticipated Completion Date
SITE		
Acquisition of Land		
Acquisition of Building(s)*		
Zoning Approval		
All Site Utilities in Place		
Tax Abatement		
CONSTRUCTION FINANCING		
Firm Loan Approval(s)		
Closing and Disbursement of Funds		
PERMANENT FINANCING		
Firm Approval of Loan(s)		
Closing and Disbursement		
GRANTS/SUBSIDIES		
Firm Approval(s)		
Closing and Disbursement		
OWNERSHIP ENTITY FORMATION		
Articles of Incorporation/Certificate and Agreement of Partnership		
NONPROFIT STATUS		
IRS Approval of Nonprofit Status		
CONSTRUCTION/REHABILITATION		
Building Permit Issued		
Final Plans and Specifications		
Construction Start		
50% Completion		
Construction Completion		
LEASE-UP		
Begin Lease-up		
Substantial Rent-up		
Placed in Service Date		
Certificate of Occupancy Issued		
Completion of Project Audit by CPA		

*For an occupied building, the placed in service date is the date of the acquisition. Therefore, acquisition credit cannot be allocated to an occupied building in a year following the year in which the building was purchased. For new construction and rehabilitation, credit cannot be allocated to any building in a year after the building is placed in service.

SECTION VI - DEVELOPMENT FINANCING

IF APPLYING FOR TAX CREDIT, THE OWNER MUST SUBMIT EVIDENCE THAT APPLICATIONS HAVE BEEN SUBMITTED FOR ALL FINANCING SOURCES.

PART A. SUBSIDIES AND GRANTS

1. Will the project receive local governmental support in the form of tax abatement?

(Attach as Exhibit 15)

- ☐ Yes. Name of governmental unit: _____
☐ No.

2. Will the project receive local subsidies or any type of local governmental financial support?

- ☐ Yes. Describe and indicate the amount: _____
☐ No.

Complete the following: (List all Federal, State and Local Funding)

Funding	Funding Amount	Source	% of Total Cost
Tax-exempt Financing	\$		%
MSHDA Other (Describe:	\$		%
RHS Financing	\$		%
HOME Program	\$		%
AHP (Federal Home Loan Bank)	\$		%
Other: (Describe)	\$		%
TOTAL	\$		%

3. If **federal funding** is to be used in connection with the project, describe its use:

- ☐ Primary Loan
☐ Operating Subsidy
☐ Acquisition

4. Will any grants be used in connection with the project?

☐ Yes. Complete the following:

AMOUNT	SOURCE

- ☐ No.

5. Will any forgivable loans be used in connection with the project?

☐ Yes. Complete the following:

AMOUNT	SOURCE

☐ No.

6. Will the project receive CDBG funding?

☐ Yes. A. Amount: _____
B. Describe any programmatic income and rent restrictions:
_____ % of units @ _____ % of _____ % median income.
C. Is this a grant or loan? _____
D. Indicate source of funds: _____

☐ No.

7. Does this project have an RHS 538 Loan Guarantee? ☐ Yes ☐ No

8. Are any of the buildings in the project the subject of non-qualified non-recourse financing ?

☐ Yes. Amount of Financing: _____ Explain: _____

☐ No.

PART B. SOURCES OF FUNDS

1. **EXISTING FINANCING:** (For projects involving acquisition and the assumption of existing mortgage(s), provide the information requested below for each existing loan or grant.)

LOAN #1:

Mortgagor: _____

Lien Holder: _____

Address: _____

Lien Position: _____ Term Remaining: _____

Original Principal:\$ _____ Current Principal:\$ _____

Annual Percentage Interest Rate: _____ % Original Term: _____

Date of Last Payment: _____ Monthly Payment:\$ _____

Assumption of Existing Loan?

☐ Yes. Date of Assumption: _____

☐ No.

LOAN #2:

Mortgagor: _____

Lien Holder: _____

Address: _____

Lien Position: _____ Term Remaining: _____

Original Principal:\$ _____ Current Principal:\$ _____

Annual Percentage Interest Rate: _____ % Original Term: _____

Date of Last Payment: _____ Monthly Payment:\$ _____

Assumption of Existing Loan?

☐ Yes. Date of Assumption: _____

☐ No.

2. **CONSTRUCTION FINANCING** – Please include all sources of funds that will be used for construction or rehabilitation.

Source Name	Type of Source *							Funding Amount	Annual Debt Service	Interest Rate	Term in Years	Amort Period	Type Financing*							
	Taxable Bond	CDBG	Conventional	RHS	HOME	Owner Equity	Tax Exempt						BMIR	Balloon	Credit Enhancement	Deferred	Forgivable	Loan Amort	Owner Equity	Other ****
TOTAL																				

3. **PERMANENT FINANCING** – Do not include syndication proceeds.

Source Name	Type of Source *								Funding Amount	Annual Debt Service	Interest Rate	Term in Years	Amort Period	Type Financing*										Yes or No **
	Taxable Bond	CDBG	Conventional	RHS	HOME	Owner Equity	Tax Exempt	Other ***						BMIR	Balloon	Credit Enhancemen	Deferred	Forgivable	Grant	Loan Amort	Owner	Other ****		
TOTAL																								

*Choose only one category per source.

**Financing used for Acquisition Only

***Explain type of source: _____

****Explain type of financing: _____

4. If applying for Tax Credit, will any of these funds be repaid with proceeds from the sale of the Tax Credit?

☐ Yes

☐ No.

SECTION VII - PROJECT COSTS

In Column 1, list total costs. In Column 2, list the per unit cost. If applying for Tax Credit, the following instructions also apply: In Columns 3 and 4, list the amounts (or appropriate portion thereof) from Column 1 if they are includible in basis and the 4% credit is applicable. In Column 5, list the actual costs from Column 1 which are includible in basis for the 9% credit. (For example, if the project is federally subsidized and therefore eligible for 4% credit, all eligible basis costs should be in Columns 3 and 4.)

	Column 1	Column 2	Columns 3 & 4 Eligible Basis - 4% Credit LIHTC Projects Only		Column 5 Eligible Basis 9% Credit LIHTC Only
	TDC	Per Unit Cost	Acquisition	Rehabilitation /New Construction	Rehabilitation /New Construction

LAND

Land Purchase					
Closing/Title & Recording					
Real Estate Expenses					
Other Land Related Expenses/Impact Fees*					
SUBTOTAL					

BUILDING ACQUISITION

Existing Structures					
Demolition (Exterior)					
Other, Describe:					
SUBTOTAL					

SITE WORK

On Site*					
Off Site Improvement*					
Other: (Describe)					
SUBTOTAL					

NEW CONSTRUCTION/REHAB

New Structures (**See below)					
Rehabilitation (**See below)					
Garages/Carports ¹					
Laundry Facilities ¹					
Accessory Building					
Pool ¹					
General Requirements ²					
Builder Overhead ²					
Builder Profit ²					
Construction Contingency					
Other: (Describe)					
SUBTOTAL					

*For LIHTC projects, refer to Tab X for IRS guidance regarding inclusion of these items in eligible basis.

**Costs for commercial space cannot be included in eligible basis.

	Column 1	Column 2	Columns 3 & 4 Eligible Basis - 4% Credit LIHTC Projects Only		Column 5 Eligible Basis 9% Credit LIHTC Only
	TDC	Per Unit Cost	Acquisition	Rehabilitation /New Construction	Rehabilitation /New Construction

PROFESSIONAL FEES

Design Architect*					
Supervisory Architect					
Real Estate Attorney*					
Engineer/Survey*					
Tap Fees/Soil Borings*					
Permits & Fees					
Other, Describe:					
SUBTOTAL					

INTERIM CONSTRUCTION COSTS

Hazard Insurance					
Liability Insurance					
Interest*					
Loan Origination Fee*					
Loan Enhancement					
Title & Recording					
Legal Fees					
Taxes					
Other, Describe:					
SUBTOTAL					

PERMANENT FINANCING

Bond Premium					
Credit Report					
Loan Origination Fee					
Loan Credit Enhancement					
Title & Recording					
Legal Fees					
Taxes					
Other: (Describe)					
SUBTOTAL					

*For LIHTC projects, refer to Tab X for IRS guidance regarding inclusion of these items in eligible basis.

	Column 1	Column 2	Columns 3 & 4 Eligible Basis - 4% Credit LIHTC Projects Only		Column 5 Eligible Basis 9% Credit LIHTC Only
	TDC	Per Unit Cost	Acquisition	Rehabilitation /New Construction	Rehabilitation /New Construction

OTHER COSTS

Feasibility Study*					
Market Study*					
Environmental Study*					
Tax Credit Fees ³					
Compliance Fees ⁴					
Marketing/Rent-up					
Cost Certification					
Bridge Loan Exp. (During Construction)					
Other: (Describe)					
SUBTOTAL					

SYNDICATION COSTS

Organizational					
Bridge Loan					
Tax Opinion					
PV Adjustment					
Other: (Describe)					
SUBTOTAL					

DEVELOPER

Developer Overhead ² *					
Developer Fee ² *					
Consultant Fee ²					
SUBTOTAL					

PROJECT RESERVES

Rent Up Reserves					
Operating Reserves					
Replacement Reserves					
Other: (Describe)					
SUBTOTAL					
TOTAL					

*For LIHTC projects, refer to Tab X for IRS guidance regarding inclusion of these items in eligible basis.

	Column 1	Column 2	Columns 3 & 4 Eligible Basis - 4% Credit LIHTC Projects Only		Column 5 Eligible Basis 9% Credit LIHTC Only
	TDC	Per Unit Cost	Acquisition	Rehabilitation /New Construction	Rehabilitation /New Construction
TOTAL (From Page 19)					
Complete only if applying for Tax Credit: LESS:					
Grant Proceeds					
Amount of Federal Historic Credit ⁵					
Amount of Non-Qualified Non-Recourse Financing					
Amount of Excess Portion of Higher Quality Units ⁶					
TOTAL ELIGIBLE BASIS					
x 130% - Qualified Census Tract⁷					
x APPLICABLE FRACTION⁸					
TOTAL QUALIFIED BASIS					
x APPLICABLE PERCENTAGE (4% OR 9%) CREDIT					
TOTAL ANNUAL TAX CREDIT REQUESTED					

FUNDING GAP CALCULATION		EQUITY CALCULATION	
Total Development Cost		Total Eligible Annual Credit 4% plus 9%	\$
Less Syndication Costs		X Equity % Value	
Less Total Sources Based on Documentation			X 10
FUNDING GAP	\$	Ten Year \$ Value of Credit	\$

☐ **Federal and State Historic Credit** \$ _____ X \$.85 = \$ _____ Amount of Historic Equity + \$ _____
 LIHTC Equity = \$ _____ Total Equity or adjusted 10 yr credit value.
 Funding Gap \$ _____ - \$ _____ Federal and State Historic Equity = \$ _____ New Funding Gap.

☐ The 10 yr credit value of \$ _____ is **less** than the funding gap \$ _____. Up to a maximum of 70% of the developer's fee plus overhead \$ _____ X 70% = \$ _____ may be used to cover remaining funding gap. The remaining funding gap \$ _____ (funding gap minus 10 yr credit value) **CAN/CANNOT** be covered by 70% of the developer's fee plus overhead.

☐ The 10yr credit value of \$ _____ is **greater** than the funding gap \$ _____. Therefore, the Annual Credit Amount is reduced to (funding gap divided by equity value divided by 10) \$ _____ with a 10 yr credit value of \$ _____.

☐ **Tax-exempt financing** \$ _____ divided by aggregate basis (eligible basis + land) \$ _____ = _____% (must be at least 50% to qualify for non-competitive tax credit).

Cost Per Unit \$ _____ (Final Adjusted TDC divided by number of units) **Cannot Exceed HUD 221(d)(3) limits (Tab I).**
 If per unit cost is higher than \$90,000, the form on Page I-39 to calculate excess unit cost must be completed.
 (This policy does not apply to developments processed under Corporation for Supportive Housing/MSHDA.)

Hard Construction costs for Rehab \$ _____ ÷ Total Units _____ = Rehab Cost Per Unit \$ _____
(Must Be \$5,000 Per Unit / \$10,000 Per Unit For Projects Applying For Credit Under The Preservation Holdback).

NOTE:

- *¹ If there is a charge over and above rent for garages and carports, pool, use of community building or laundry facilities, the cost cannot be included in basis and the costs must be listed separately.
- ² Fees cannot be included in cost of structures and are limited as follows:
- * - Consultant Fees (excluding “consultants” normally used in the development process, such as market analysts, environmental consultants, etc) - must be included in and paid from the developer fee.
 - Developer Fees:
 - Developer fee for projects subject to state volume cap:
The combined total of the developer fee, developer overhead, and any consultant fees will be limited to 15%, not to exceed \$1,000,000. This is calculated as 15% of the total development cost minus developer fee, developer overhead, and consultant fees.
 - Developer fee for projects not subject to state volume cap:
 - For projects consisting of 49 units or less and receiving an allocation of housing tax credit by virtue of being financed with tax-exempt bonds, the combined total of the developer fee, developer overhead, and any consultant fees will be limited to 20%. This is calculated as 20% of the total development cost minus developer fee, developer overhead, and consultant fees.
 - For projects consisting of 50 to 150 units and receiving an allocation of housing tax credit by virtue of being financed by tax-exempt bonds, the combined total of the developer fee, developer overhead, and any consultant fees will be limited to 15%, not to exceed \$2,000,000. This is calculated as 15% of the total development cost minus developer fee, developer overhead, and consultant fees.
 - Developer fee for projects applying under the Preservation Holdback:
For projects of 50 units or less, the combined total of the developer fee, developer overhead, and any consultant fees will be limited to 15% of the total development cost, not to exceed \$1,000,000. For projects of more than 50 units, the combined total of the developer fee, developer overhead, and any consultant fees will be limited to 10% of the total acquisition costs and 15% of the total rehabilitation costs, not to exceed \$1,000,000. Excess fees will be deducted from total development costs and eligible basis.
 - * - For projects involving acquisition and rehabilitation, an amount equal to at least 5% of the acquisition cost of the land and building must be allocated to acquisition for purposes of attribution to the developer fee.
 - General Requirements - 6% of construction contract, exclusive of builder profit, builder overhead, and general requirements.
 - Builder Overhead - 2% of construction contract, exclusive of builder profit and builder overhead.
 - Builder Profit - 6% of construction contract, exclusive of builder profit.
 - All projects of 50 units or less may aggregate general requirements, builder overhead, and builder profit to a maximum of 20% of the construction contract.
 - Construction Manager/Consultant fee when not included in the construction contract – Maximum of \$50,000.
 - Underwriting standards apply to TDC and excess fees will be deducted from TDC when performing the gap calculation.
- *³ Fees are computed by multiplying the annual tax credit requested by 6% plus application fee(s), **however they can not be included in basis.**
- *⁴ Fees are computed by multiplying \$300 by number of tax credit units but cannot be included in basis.
- ⁵ Federal Historic Credit is subtracted from eligible basis, State Historic Credit is not.
- *⁶ See Page I-39 for an explanation of how to calculate excess unit cost.
- *⁷ Applicable only to qualified census tracts as determined by the Department of Housing and Urban Development; projects with HOME funds loaned below the AFR that qualify for the 9% credit because 40% of the units will be reserved for tenants at 50% of area median do not qualify.
- *⁸ Applicable fraction equals the lesser of the percentage of low income units or total percentage of low income square footage.

*Pertains to Low Income Housing Tax Credit only.

NOTE: Certain costs of a building used as a community service facility that is located in a qualified census tract and that is designed to serve primarily individuals whose income is 60% or less of area median income may be included in eligible basis, provided that the costs included in basis does not exceed 10% of the total eligible basis in the building.

SECTION VIII - ANNUAL PROJECT EXPENSE INFORMATION

PART A. ADMINISTRATION	Unit Costs	Project Costs
Accounting		
Advertising		
Legal		
Leased Equipment		
Management		
Management Salaries & Payroll Taxes		
Model Apartment Rent		
Office Supplies/Postage		
Telephone		
Annual Compliance Fees		
Other: (Describe)		
Total Administrative Costs		

PART B. OPERATING		
Fuel (Heat/Water)		
Electricity		
Water/Sewer		
Gas		
Trash Removal		
Security		
Cable TV		
Other: (Describe)		
Total Operating Expenses		

PART C. MAINTENANCE		
Elevator		
Extermination		
Grounds		
Repairs		
Maintenance Salaries/Payroll Taxes		
Maintenance Supplies		
Pool		
Snow Removal		
Cleaning & Decorating		
Other: (Describe)		
Total Maintenance Expenses		

PART D. FIXED		
Real Estate Taxes		
Payment in Lieu of Taxes		
Other Tax Assessment		
Insurance		
Other: (Describe)		
Total Fixed Expenses		

TOTAL PROJECT EXPENSES:	
--------------------------------	--

PART E. ANNUAL REPLACEMENT RESERVES

PART F. ANNUAL DEBT SERVICE

SECTION IX - SOURCES AND USES STATEMENT

Complete the following: (Name all sources and amounts here. Make sure they match permanent financing amounts on Page 16.)

NAME ALL SOURCES	Amount
First Mortgage, Name:	\$
Second Mortgage, Name:	\$
Limited Partner Capital Contribution, Name:	\$
General Partner Capital Contribution, Name:	\$
Grant, Describe:	\$
Grant, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
*TOTAL	\$

NAME ALL USES	Amount
Acquisition	\$
New Construction/Rehab	\$
Soft Costs	\$
Financing Costs	\$
Reserves	\$
Developer Proceeds	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
Other, Describe:	\$
*TOTAL	\$

***TOTALS should equal one another and also match the total development cost shown on Page 20.**

SECTION X - PROJECT PRO-FORMA

MUST BE CARRIED OUT TO MINIMUM AFFORDABILITY PERIOD OR FIFTEEN YEARS.

Projected Annual Percentage Increase in Income: _____ %*

Projected Annual Percentage Increase in Expenses: _____ %*

Projected Annual Vacancy Rate Percentage: _____ %*

Projected Annual Percentage Increase in Replacement Reserves: _____ %*

*See tab O for MSHDA standards

	Year 1	Year 2	Year 3	Year 4	Year 5
Rental Income					
Non-rental Income					
Total Income**					
Less Vacancy Amount					
Effective Gross Income					
Less Operating Expenses***					
Net Income					
Less Debt Service					
Less Replacement Reserve					
Cash Flow					
	Year 6	Year 7	Year 8	Year 9	Year 10
Rental Income					
Non-rental Income					
Total Income**					
Less Vacancy Amount					
Effective Gross Income					
Less Operating Expenses***					
Net Income					
Less Debt Service					
Less Replacement Reserve					
Cash Flow					
	Year 11	Year 12	Year 13	Year 14	Year 15
Rental Income					
Non-rental Income					
Total Income**					
Less Vacancy Amount					
Effective Gross Income					
Less Operating Expenses***					
Net Income					
Less Debt Service					
Less Replacement Reserve					
Cash Flow					

** Should match the total annual gross potential income on Page 11.

*** Should match the total project expenses on Page 22.

OWNER/GENERAL PARTNER EXPERIENCE

This page must be included as Exhibit 11a

1.	Owner/General Partner Name:						
2.	Is the owner/general partner shown in #1 above listed on Page 5 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", explain the relationship between the owner shown on this exhibit to the owner on Page 5 of the application:						
3.	Complete the chart below. If applying for Tax Credits, failure to fully complete this chart or clearly define the relationship between the owner(s) shown above to the information presented on Page 5 of this application will result in loss of points.						
Name of Project Owned		City and State	Number of Units	Date of Ownership (mm/dd/yy)		Date Last Placed in Service (mm/dd/yy)	Type of Financing
				Begin	End		
EXAMPLE: ABC Apts.		Lansing, MI	12	03/01/91	10/14/98	05/01/93	MSHDA

MANAGEMENT EXPERIENCE

This page must be included as Exhibit 11b

1.	Management Entity:						
2.	Is the management entity identified above the same as shown on Page 7 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", explain the relationship between the management entity shown on this exhibit to the management entity in the application:						
3.	Complete the chart below. If applying for Tax Credits, failure to fully complete this chart or clearly define the relationship between the management entity identified here and on Page 7 of this application will result in loss of points.						
Name of Project Managed		City and State	Number of Units	Date* of Management (mm/dd/yy)		Type of Financing	Identify the Projects that are LIHTC**
				Begin	End		
EXAMPLE: XYZ Project		Ann Arbor, MI	33	04/05/92	05/03/99	Conventional with tax credit	LIHTC

* Must be the date rent-up began, not date of the start of construction.

** Tax Credit points will only be given to management of LIHTC projects.

NONPROFIT EXPERIENCE

This page must be included as Exhibit 13

1.	Nonprofit Name:					
2.	Is the nonprofit entity identified above the same as shown on Page 6 of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", explain the relationship between the nonprofit entity shown on this exhibit to the nonprofit entity in the application:					
3.	Complete the chart below. If applying for Tax Credits, failure to fully complete this chart or clearly define the relationship between the nonprofit entity identified here and on Page 6 of this application will result in loss of points.					
Name of Project		City and State	Number of Units	Date of Nonprofit Involvement (mm/dd/yy)		Type of Involvement
				Begin	End	
EXAMPLE: XYZ Project		Ann Arbor, MI	33	04/05/92	06/04/02	Rehabilitated 5 houses with city money.